

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>101 597,342</b>	FILING DATE <b>7-20-06</b>	APPLICANT(S)						
CLAIMS															
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51								
2		1		1			52								
3		1		1			53								
4		1		1			54								
5		1		1			55								
6		1		1			56								
7		2		1			57								
8	1		1				58								
9		1		1			59								
10		1		1			60								
11		1		1			61								
12		1		1			62								
13		1		1			63								
14		1		1			64								
15		1		1			65								
16		1		1			66								
17		1		1			67								
18		1		1			68								
19		1		1			69								
20		1		1			70								
21	1		1				71								
22		1		1			72								
23		1		1			73								
24		1		1			74								
25	1		1				75								
26		1		1			76								
27		1		1			77								
28		1		1			78								
29	1		1				79								
30		1		1			80								
31		1		1			81								
32		1		1			82								
33		1		1			83								
34		1		1			84								
35		1		1			85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	5	↓	5	↓		↓	TOTAL IND.		↓		↓		↓		
TOTAL DEP.	31	←	30	←		←	TOTAL DEP.		←		←		←		
TOTAL CLAIMS	36		35				TOTAL CLAIMS								